

10/26/99

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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No. | KAPUR 5-10 |
| | First Inventor or Application Identifier | Sharad Kapur |
| | Title | SYSTEM AND METHOD FOR DETERMINING CAPACITANCE FOR LARGE-SCALE INTEGRATED CIRCUITS |
| | Express Mail Label No. | EL053867968US |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
|---|--|

| | |
|---|--|
| <p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 37] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]</p> <p>4. Oath or Declaration [Total Pages <input]<="" p="" type="checkbox"/><ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).<p>* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</p></p> | <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies <p>ACCOMPANYING APPLICATION PARTS</p> <p>7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other: _____</p> |
|---|--|

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____


For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label _____ or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

| | | | | | |
|---------|-----------------------------------|-----------|----------------|----------|----------------|
| Name | David H. Hitt | | | | |
| | Hitt Chwanq & Gaines, P.C. | | | | |
| Address | 275 West Campbell Road, Suite 225 | | | | |
| City | Richardson | State | Texas | Zip Code | 75080 |
| Country | | Telephone | (972) 480-8800 | Fax | (972) 480-8865 |

| | | | |
|-------------------|---|-----------------------------------|----------|
| Name (Print/Type) | David H. Hitt | Registration No. (Attorney/Agent) | 33,182 |
| Signature |  | Date | 10/26/99 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 778.00

Complete if Known

| | |
|----------------------|--------------|
| Application Number | N/A |
| Filing Date | Herewith |
| First Named Inventor | Sharad Kapur |
| Examiner Name | N/A |
| Group / Art Unit | N/A |
| Attorney Docket No. | KAPUR 5-10 |

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 12-2325
Deposit Account Name Lucent Technologies

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 760 | 201 380 | Utility filing fee | 760.00 |
| 106 310 | 206 155 | Design filing fee | |
| 107 480 | 207 240 | Plant filing fee | |
| 108 760 | 208 380 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |

SUBTOTAL (1) (\$) 760.00

2. EXTRA CLAIM FEES

Total Claims 21 - 20** = 1 x 18.00 = 18.00
Independent Claims 3 - 3** = 0 x 78.00 = 0.00
Multiple Dependent 0 = 0.00

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 103 18 | 203 9 | Claims in excess of 20 | |
| 102 78 | 202 39 | Independent claims in excess of 3 | |
| 104 260 | 204 130 | Multiple dependent claim, if not paid | |
| 109 78 | 209 39 | ** Reissue independent claims over original patent | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | |

SUBTOTAL (2) (\$) 18.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 380 | 216 190 | Extension for reply within second month | |
| 117 870 | 217 435 | Extension for reply within third month | |
| 118 1,360 | 218 680 | Extension for reply within fourth month | |
| 128 1,850 | 228 925 | Extension for reply within fifth month | |
| 119 300 | 219 150 | Notice of Appeal | |
| 120 300 | 220 150 | Filing a brief in support of an appeal | |
| 121 260 | 221 130 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,210 | 241 605 | Petition to revive - unintentional | |
| 142 1,210 | 242 605 | Utility issue fee (or reissue) | |
| 143 430 | 243 215 | Design issue fee | |
| 144 580 | 244 290 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 760 | 246 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 760 | 249 380 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify) _____ | | | |
| Other fee (specify) _____ | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Typed or Printed Name David H. Hitt

Signature [Signature]

Date 10/26/99

Complete (if applicable)

Reg. Number 33,182

Deposit Account User ID _____